

<p>Vermont Council of Developmental and Mental Health Services</p> <p>NEEDS ASSESSMENT</p>

Name:

D.O.B.:

Recorder (name & title):

Date:

Informant(s) (name(s) & relationship to consumer):

Supports requested:

☐ **Housing & Home Supports:** Supports related to current or needed living arrangements.

☐ **Community Supports:** Supports related to being an included and contributing member of the community such as volunteer, recreational, and self-advocacy activities, board member responsibilities, establishing/maintaining friendships.

☐ **Work Supports:** Supports related to obtaining or maintaining employment.

☐ **Service Planning & Coordination:** Supports related to coordination and monitoring of services.

☐ **Respite Care:** Supports to give breaks to caregivers in order to maintain living situation/placement.

☐ **Crisis Supports:** Supports that aid in the prevention of crisis and that assist people in crisis situations.

☐ **Clinical Interventions:** Supports needed to meet therapeutic needs such as individual and group therapy, occupational therapy, physical therapy, speech and language therapy, consultation, psychiatric, and team training.

☐ **Transportation:** Specialized transportation:

☐ **Other:** Please specify:

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COMMUNICATION: Level of support needed to express wants and needs and to understand ideas from others (e.g., verbal prompts, cueing, communication devices, gesture dictionaries, sign language, interpreters).

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No support

Minimal. Some support

Moderate. Ongoing support and/or uses alternative means of communication and/or requires interpreter

Significant. Uses maximum level of support to understand communication or be understood

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

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SELF-CARE: Level of support needed to complete self-care tasks such as bathing, dressing, toileting, eating, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some physical assistance and/or verbal prompting

Significant. Total physical assistance to complete most tasks

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

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INDEPENDENT LIVING: Level of support needed to complete independent living tasks such as home care, budgeting, cooking, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some physical assistance and/or verbal prompting

Significant. Total physical assistance to complete most tasks

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

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WORK: Level of support needed to obtain or maintain employment.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some assistance and/or verbal prompting

Significant. Total assistance to complete most tasks

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
Job development:	Select Level	Select Level
On-the-job support & supervision:	Select Level	Select Level
Job follow-up:	Select Level	Select Level
Transportation:	Select Level	Select Level
Supports related to being safe:	Select Level	Select Level
Accessibility issues/adaptations:	Select Level	Select Level
Communication:	Select Level	Select Level
Legal concerns:	Select Level	Select Level
Health/physical needs:	Select Level	Select Level
Personal care needs:	Select Level	Select Level
Psychological/emotional/ behavioral:	Select Level	Select Level

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RESPITE: Level of support needed to give breaks to caregivers in order to maintain living situation/placement.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No respite

Minimal. Occasional respite

Moderate. Consistent ongoing respite

Significant. Regular, frequent respite

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level

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PARENTING: Level of support needed to provide training in parenting skills to help keep a child under 18 at home.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Regular intervention and support

Significant. Intense intervention and support

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level
In Community:	Select Level	Select Level

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HEALTH CARE/MEDICAL/MOBILITY: Level of support needed in the following areas: taking medications; making and getting to medical/dental appointments; using special equipment such as a wheelchair, Hoyer lift, etc.; addressing chronic medical conditions such as diabetes, seizures, etc.; addressing special care procedures such as tube feedings, colostomy bag, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring or periodic support / Routine health care; stable conditions

Moderate. Ongoing assistance / Serious and/or multiple conditions

Significant. Total assistance / Substantial health issues

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
Taking medication:	Select Level	Select Level
Making medical/ dental appointments:	Select Level	Select Level
Getting to medical/ dental appointments:	Select Level	Select Level
Using specialized equipment such as wheelchair, Hoyer lift, etc.:	Select Level	Select Level
Chronic medical conditions such as diabetes, seizures, etc.:	Select Level	Select Level
Special care procedures such as tube feedings, colostomy bag, etc.:	Select Level	Select Level
Other:	Select Level	Select Level

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SLEEPING: Level of support needed as a result of sleep disruption during the night.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No intervention

Minimal. Occasional assistance; monitoring of medium or short duration

Moderate. Frequent assistance; monitoring of extended duration on an episodic basis

Significant. Nightly assistance of long duration

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level

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BEHAVIORAL/MENTAL HEALTH: Level of support/supervision needed throughout the day to manage emotions and/or behavior.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Periodic or ongoing intervention

Moderate. Planned support and skilled intervention and/or 24-hour support and/or monitoring

Significant. Extensive skilled intervention and/or 24-hour supervision in close proximity

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

NEEDS ASSESSMENT

CLINICAL: Level of support needed to meet therapeutic needs.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No support

Minimal. Infrequent intervention

Moderate. Ongoing intervention

Significant. Intervention more than once a week

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
Psychotherapy:	Select Level	Select Level
Psychiatry:	Select Level	Select Level
Occupational Therapy:	Select Level	Select Level
Physical Therapy:	Select Level	Select Level
Speech Therapy:	Select Level	Select Level
Communication:	Select Level	Select Level
Behavior Consult/Support:	Select Level	Select Level
Offender Treatment:	Select Level	Select Level
Other:	Select Level	Select Level

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Additional Comments: